

**Georgia Department of Community Health  
SFY2014 Hospital UPL - Notice of Intent to Transfer Form  
Inpatient - Adjusted**

Notice of Intent to Transfer form for Hospital Inpatient UPL payment is **due by Wednesday, March 18, 2015**. Intergovernmental transfer for Hospital Inpatient UPL payment is **due by Friday, March 20, 2015; no later than noon**.

Name of Governmental Unit Making IGT: \_\_\_\_\_

**(Notice of Intent to Transfer form can be accepted only from hospital authorities, developmental authorities or other governmental entities. Notice cannot be accepted from participating providers.)**

| Name of affiliated provider(s) | IGT amount |
|--------------------------------|------------|
| 1.                             |            |
| 2.                             |            |
| 3.                             |            |
| 4.                             |            |
| 5.                             |            |
| Total IGT amount               |            |

Expected method of transfer (select one):

EFT \_\_\_\_\_ ACH \_\_\_\_\_

Designated contact if additional information is needed:

Name \_\_\_\_\_

Title / Organization \_\_\_\_\_

E-mail address \_\_\_\_\_

Telephone number \_\_\_\_\_

**Return completed form by fax to Ms. Annetta Smith at (404) 657-4199 or by e-mail to [asmith@dch.ga.gov](mailto:asmith@dch.ga.gov)**